

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	i					
2		1				
3		1				
4		3				
5		1				
6		1				
7		1				
8	1					
9		1				
10		1				
11		1				
12		2				
13		2				
14						
15		2				
16		2				
17		1				
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	20					
TOTAL CLAIMS	12					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS